

		<b>CSB 1111 (a)</b>
<b>Section: CFC/PAS Person Centered Planning</b>	<b>Subject: Personal Emergency Response System DPHHS SLTC-240</b>	

**CFC/PAS Personal Emergency Response System (PERS)  
Prior Authorization Request to MPQH**

☐ CFC PERS Referral      ☐ Change of PERS Provider      ☐ CFC Discharge Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Medicaid ID number: \_\_\_\_\_

PERS Provider: \_\_\_\_\_ Medicaid Provider ID number: \_\_\_\_\_

Service	Procedure Code	Mod	Requested Units	Authorized Units	Date Span
PERS Installation	S5160				
PERS Rental	S5161				

*U9 = Modifier for Self Direct*

Comments:

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Fax to MPQH 1-800-268-5767**

**MPQH Authorization for PERS Services**

PERS Prior Authorization #:	# PERS of Units Authorized:	Date Span

\_\_\_\_\_  
MPQH Reviewer

\_\_\_\_\_  
Date